1 1 2 3 44 144		D = 27 . 2 %		Water Street	21
Applica	non or	Docket	N	L Park	١'n
RUBIIGA	יט ווטוו	DOUNCE	1.7	CHARLE	2.1

## PATIENT APPLICATION, FEE DETERMINATION RECORD

AND PARTY NO. 2 AND DESCRIPTION OF THE PARTY NAMED IN	ve January II, 2003			a file	
	FIEED - FANT I	SN	MALLENTITY PE		HER:THAN ALL:ENTITY
TOTAL CLAIMS		deal of the state	RATE: MEE		TE! TEE
FOR	NUMBER FILED: NUMBE	R EXTRA B	ASICTEE 375.0	O OA BASIC	C FEE 750.00
TOTAL CHARGEABLE CLAIMS	; minus 20≘ *		X\$ 9=	OR X\$1	8≐ ,
INDEPENDENT CLAIMS	minus3.≐	10 10 10 10 10 10 10 10 10 10 10 10 10 1	×42=-	OR X8	
MULTIPLE DEPENDENT CLAIM PR	RESENT		+140≅į. /	OR 428	10 <del>1</del>
*if the difference in column 1 is i	ess than zero, enter 0 in co	វ៉ាំំំំំំំំំំំំំំំំំំំំំំំំំំំំំំំំំំំំ	TÖTAL	OR TOT	Ä
CLAIMS AS A		(Column 3)	SMALL ENTITY	FERNING BROKEN	HER THAN ALL ENTITY
CLAIMST REMAINING PARTER AMENOMENTS	A HIGHEST: NUMBER	BRECENIT	ADDI RATE TIONA FEE	ALI - I. BA	ADDI- TE L TIONAL FEE
Total *	Minus:		, ree V3- X\$*9=	OR X\$	
Independent + FIRST PRESENTATION OF MU	MINUS TO STANDENT CLAIM		X42= 1	OR 2 X8	34=1
		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<b>⊭140</b> = }, <b>₹</b>	©R +28	30=
		連続は 中華化 しだり報	TOTAL DOIT: FEE	OR ADDIT	OTAL FEE
(Column <sub>i</sub> 1)	₩ HIGHEST	(Columnis)	TO THE MARK		
REMAINING AFTER AMENDMENT	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE TIONA		ADDI- TE TIONAL FEE
Total	Minus: **		X\$.9≡∦.	OR X\$	18
independent: +	Minus:		X42=1 11	OR XX	4.=1
UNDERCOUNTAINON M	ELINE EL COMPONITORIO DE LA IMPONITORIO DELI IMPONITORIO DE LA IMPONITORIO DE LA IMPONITORIO DE LA IMPONITORIO DELI IMPONITORIO DE LA IMPONITORIO DE LA IMPONITORIO DELI IMPONITORIO DELI IMPONITORIO DE LA IMPONITORIO DE LA IMPONITORIO DELI IMPONITORIO DELI IMPONITORIO DELI IMPONITORIO DELI IMPONITORIO DELI IMPONITORIO DELI IMPONITORIO		÷il4!0= 1	08 +28	30=
		An	TOTAL DDIT: FEE	OR ADDI	OTAL FEE
(Columnii)	(Column 2).	(Column 3)			
O REMAINING AFFER	HIGHESH NUMBER PREVIOUSLY	PRESENTA MEXTRA	ADDI RATTE TIONA		ADDI. TEX TIONAL
AMENDMENT	PAIDFOR.		roja opee		Z FEER
REMAINING AFTER AMENDMENT Total Total Independent	Minuse de				
FIRST PRESENTATION OF MU	JUTIPLE DEPENDENT CLAIM				
* If the entity introdumn it is less than th "** If the "Highest Number Previously Pa	le entry in column 2, white 10% in col	umn 3	5140= 310πal 423	OR #2	OTAL!
tittinė "Highest Number Previously Pa ** In the "Highest Number Previously Ba Tine "Highest Number Previously Pa	aid For" IN THIS SPACE is less that	nīzu enter 20. AC n.3 enter 3."	DIT FEE	LIOR ADDI	TEEE

1